PLEASE MAKE CHECK PAYABLE TO: **THE CAMBRIDGE CITYWIDE SENIOR CENTER**

SPONSOR SHEET   MY GOAL IS TO RAISE $_____ TO SUPPORT THE
CAMBRIDGE CITYWIDE SENIOR CENTER

Walker's Name_____

Address _____(Apt. #)_____

City/State/Zip _____

Telephone Number _____

SPONSOR'S NAME	ADDRESS	CITY,ZIP	TELEPHONE NUMBER	PLEDGED PER MILE	TOTAL PLEDGED	TOTAL COLLECTED

TOTAL AMOUNT PLEDGED_____
TOTAL AMOUNT COLLECTED   _____

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REGISTRATION CARD   Walker's Name_____

Address _____(Apt. #)_____

City/State/Zip _____

Telephone Number _____
Female [ ]   Male [ ]   TOTAL AMOUNT PLEDGED
Birth date ____/____/____ $ _____
            M   D   Y